
240.80**Breastfeeding Promotion and Support****Overview**

Introduction This policy describes the responsibility to promote and support breastfeeding.

Policy Promoting and supporting breastfeeding is the responsibility of all WIC staff. To ensure a mother's milk supply is fully established and to support exclusive breastfeeding, infant formula will not be routinely offered or provided to breastfed infants before they reach one month of age. Any request for formula for breastfed infants also requires breastfeeding support and advice from WIC staff trained to provide breastfeeding education and support. All pregnant and breastfeeding participants will be made aware of these policies as a part of a broader effort to educate mothers throughout pregnancy and provide support and follow-up after delivery. Some mothers will choose not to breastfeed and they will continue to be treated with respect.

Background Extensive research documents that exclusive breastfeeding provides the greatest health benefits to mothers and infants. The longer the duration of breastfeeding, the greater the protection breastfeeding provides.

References

- USDA, Providing Quality Nutrition Services in Implementing the Breastfeeding Promotion and Support Requirements of the New WIC Food Packages, undated (received in 2009).
- World Health Organization. Acceptable medical reasons for use of breast-milk substitutes, 2009.

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Local Agency WIC Staff Roles

Introduction	All WIC staff members have a role in promoting and supporting breastfeeding with participants and community partners.
Local Agency WIC Coordinator	<p>The local agency WIC coordinator:</p> <ul style="list-style-type: none"> • Sets the tone and the expectation for local agency breastfeeding promotion and support • Maintains breastfeeding-friendly clinic sites • Allocates funding and resources for breastfeeding promotion and support
Local Agency Breastfeeding Coordinator	<p>The local agency breastfeeding coordinator:</p> <ul style="list-style-type: none"> • Mentors staff and coordinates activities • Oversees planning, implementation, evaluation, and training for breastfeeding activities • Keeps current with breastfeeding knowledge • Identifies, coordinates and collaborates with community breastfeeding resources • Monitors and evaluates local agency breastfeeding rates and activities
Local Agency CPAs	<p>The local agency CPAs:</p> <ul style="list-style-type: none"> • Conduct breastfeeding assessments using value enhanced nutrition assessment (VENA) principles and techniques • Provides appropriate education, assistance and referrals to participants • Encourages breastfeeding with minimal supplementation • Provides formula food packages to breastfed infants only after careful assessment and counseling
Local agency support staff	<p>The local agency support staff:</p> <ul style="list-style-type: none"> • Provide front line support for breastfeeding promotion and support. • Use breastfeeding-friendly language in conversations with participants. • Know and implement the breastfeeding policies and procedures.
Local agency peer counselor programs	Please refer to Policies 310.28 and 310.29 for specific guidelines for WIC peer counselors and peer counselor coordinators.

Contraindications to Breastfeeding

Introduction

Almost all mothers can breastfeed successfully which includes initiating breastfeeding within the first hour of life, breastfeeding exclusively for the first 6 months and continuing breastfeeding (along with appropriate complementary foods) for up to 1 year of age or beyond. However, there are a small number of health conditions of the mother or infant that may justify recommending that she does not breastfeed temporarily or permanently. These conditions affect a very small number of mothers and infants.

Mothers who should avoid breastfeeding

Maternal conditions that justify avoidance of breastfeeding include the following:

- HIV infection
- Untreated, active tuberculosis
- HTLV infection
- Illegal drug use
- Herpes simplex virus type 1 (HJSV-1) lesions on the breast (direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved)
- Maternal medications
 - Radioactive iodine-131
 - Cytotoxic chemotherapy

Note: There are very few medications that require avoidance of breastfeeding. In many cases, there are safer medication alternatives available that do not require mothers to interrupt breastfeeding. The medications listed above and a few others may require a mother to stop breastfeeding during treatment and resume breastfeeding afterwards.

Infants who should not breastfeed

A small number of health conditions of the infant may contraindicate breastfeeding. The conditions include the following:

- Galactosemia (a special galactose-free formula is needed)
 - Maple syrup urine disease (a special formula free of leucine, isoleucine and valine is needed)
 - Phenylketonuria (some breastfeeding is possible under careful monitoring, a special phenylalanine-free formula will also be needed)
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Prenatal Breastfeeding Promotion and Education

Policy

Initiate a conversation about breastfeeding during the certification appointments with every pregnant participant.

Certification appointment

The breastfeeding goals of this appointment include the following:

- Determine the mother's breastfeeding intentions by initiating an open-ended discussion about breastfeeding.
 - Consider using the 3-Step Counseling Technique.
 - Use techniques such as extending, clarifying and reflecting to develop the conversation.
 - Address concerns, offer solutions and explore options.
 - When mothers state their plan is to breastfeed and formula-feed, provide education about the risks of early supplementation on establishing an adequate milk supply.
 - It is not necessary or required to discuss the benefits of breastfeeding unless the mother is unfamiliar with them.
 - Describe the ways WIC supports breastfeeding.
 - Breastfeeding mothers receive more food and older breastfeeding infants receive more baby foods.
 - Breastfeeding mothers and their infants are certified through the first year.
 - Breastfeeding information and/or classes is available from WIC staff.
 - Breast pumps can be provided for specified circumstances.
 - Breastfeeding peer counselors are available (if applicable).
 - Infant formula is not routinely provided in order to protect the maternal milk supply. When formula is provided, the amount is carefully tailored to protect breastfeeding.
 - Recommend that all mothers know their HIV status so that they can make an informed infant feeding decision.
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Prenatal Breastfeeding Promotion and Education, Continued

Nutrition appointments

During nutrition appointments during pregnancy,

- Follow-up on the previous discussion about breastfeeding. Identify additional questions or concerns.
 - Provide anticipatory guidance about establishing a good milk supply.
 - The key to successful breastfeeding is establishing a good milk supply. This can take 4-6 weeks.
 - Exclusive breastfeeding in the first month is crucial to establishing milk supply. The more milk the infant takes, the more milk the mother makes.
 - Feeding formula in the early weeks has a negative affect on milk supply.
 - During growth spurts, mothers need to nurse more often for a few days to build a supply that meets the infant's increased needs.
 - For these reasons, supplemental formula should only be used for medical reasons. WIC supports exclusive breastfeeding by not providing routine supplemental formula during the first month.
 - Find out the mother's support network for breastfeeding (the infant's father, friends, family, co-workers, etc.). Give her a list of phone numbers of where to get breastfeeding help after discharge from the hospital.
 - Provide information about breastfeeding classes, support groups or peer counselors (if available).
 - Discuss strategies for getting breastfeeding off to the right start at the hospital or birthing center
 - Breastfeed in the first hour after birth or as soon as possible
 - Request 24 hour rooming in with her infant
 - Provide only breastmilk to her infant; request that no supplementation be given unless medically indicated
 - Ask for help
 - Practice breastfeeding in the hospital
 - Additional education topics may include but are not limited to:
 - How to know if the infant is getting enough milk
 - Availability of breast pumps from WIC
 - Hand expression
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The First Month: Breastfeeding Support and Education

Policy	<p>An infant who is being breastfed and formula-fed will not receive a food package for formula unless a breastfeeding assessment determines that:</p> <ul style="list-style-type: none"> • Formula is medically indicated, or • The mother will not be breastfeeding long-term.
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Breastfeeding assessment required	<p>When a mother requests formula for her breastfed infant, an assessment must be completed by a WIC health professional to determine the need for supplementation. A breastfeeding assessment includes the following:</p> <ul style="list-style-type: none"> • Completing the breastfeeding questions in the WIC data system • Determining why formula is requested (possible responses include medical indications, doctor's recommendation, mother's breastfeeding goal, not enough breastmilk, "just in case," soreness when feeding, so someone else can feed the infant, concern about breastfeeding in public, too busy, someone else encouraged her to give formula, to make sure infant gets what s/he needs; so infant will sleep all night, infant is hungry all the time, etc.) • Providing information about the impact of formula on breastfeeding • Suggesting strategies for continued breastfeeding to address the stated concerns and to meet the mother's goal.
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Maternal medical indications	<p>The table below lists medical indications that may pose a temporary or long-term problem for breastfeeding and require supplementation with formula or banked human milk.</p>
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Maternal Indication	Examples / Comments
Breast anatomical challenges	Tubular breasts, marked breast asymmetry, inverted nipples that are not helped by shields or pumping
Breast surgery	Reduction, augmentation, abscesses, cancer
Endocrine abnormality	Diabetes, pituitary insufficiency (noted as lack of breast enlargement during pregnancy or failure of milk to come in).
Polycystic ovary syndrome (PCOS)	Most women with PCOS manage breastfeeding without a problem. However, mothers with PCOS are at greater risk for insufficient milk supply.
Perinatal complications	Hypertension, hemorrhage, retained placental fragments
Severe (morbid) obesity	Obese women may have more difficulty establishing a full milk supply
Severe illness	Illness that prevents a mother from caring for her infant. E.g., sepsis
Herpes simplex virus type 1 (HSV-1) lesions on the breast	Avoid direct contact between lesions on the mother's breasts and the infant's mouth until all active lesions have resolved
Contraindicated medications	See page 3 for examples.

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The First Month: Breastfeeding Support and Education, Continued

Infant medical indications The table below lists medical indications that may pose a temporary or long-term problem for breastfeeding and require supplementation with formula or banked human milk.

Infant Indication	Examples / Comments
Premature	<37 weeks (especially infants born at <32 weeks)
Very low birth weight	<1500 gm
Excessive weight loss	Has not regained birth weight by 10 days of age OR loss of >10% of birth weight
Acute dehydration	Not responsive to routine breastfeeding
Breastmilk jaundice	Rare; occurs in 1-2% of infants
Hypoglycemia	Infants may be at risk for hypoglycemia due to impaired metabolic adaptation or increased glucose demand (those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic stress, those who are ill and those whose mothers are diabetic) and those whose blood sugar fails to respond to optimal breastfeeding or breastmilk feeding.
Inborn errors of metabolism	E.g., PKU; some breastfeeding is possible with careful monitoring.
Special formula needed	E.g., PKU as described above
Not feeding well at discharge <u>and</u> sent home pumping with a formula supplement	Should be followed by a physician within 24-72 hours after discharge

No medical indications

If there is no medical indication for supplementation:

- Describe alternatives to formula such as expressing breast milk by hand or with a pump.
- Explain how the mother's food package depends on her infant's food package; point out the differences in quantity and kinds of foods.
- Build the mother's confidence in her ability to breastfeed and provide education about how to increase milk supply.
- If, after counseling and education, the mother insists that her infant receive formula, issue a food package for one month that provides the minimum amount of formula needed by the infant. Provide the food package for the mother that corresponds to the formula package issued to the infant.

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The First Month: Breastfeeding Support and Education,

Continued

When formula is indicated

When formula supplementation is indicated or the mother insists that she receive formula, WIC health professionals must:

- Encourage continued breastfeeding,
- Provide additional breastfeeding education and support as needed,
- Work with the mother to determine the minimum amount of formula needed to protect breastfeeding and meet the infant's needs,
- Explain how the infant's food package affects the package the mother will receive and create the appropriate food package,
- Encourage powder formula because it can be mixed and fed as needed,*
- Provide education about safe use of infant formula,
- Provide only one month of FIs for formula, and
- Schedule a return appointment the next month to assess breastfeeding and adjust the mother's and infant's food packages as needed (i.e., the mother's food package could change based on the amount of formula issued to her infant at the return appointment).

*Or its equivalent in concentrate or ready-to-use formula

Care plans

When formula is issued to breastfeeding infants under one month of age, a nutrition care plan is required. This plan must, at a minimum, identify the reason for issuing formula.

Months 1-12: Breastfeeding Support and Education

**Exclusively
breastfed
infants**

Encourage mothers to continue exclusive breastfeeding through the first 6 months of her infant's life and to exclusively breastfeed with complementary foods until the first birthday and beyond.

**Feeding breast
milk and
formula**

When a mother requests formula for her breastfed infant, an assessment must be completed by a WIC health professional to determine the need for supplementation. A breastfeeding assessment includes the following:

- Completing the breastfeeding questions on the infant health history in the WIC data system.
 - Determining why formula is requested (e.g., medical indications, the length of time the health care provider recommended supplementation, mother's plan or goal for breastfeeding, concerns or other issues leading to her request for formula).
 - Providing information about the impact of formula on breastfeeding.
 - Suggesting strategies for continued breastfeeding to meet the mother's goal.
 - The full nutrition benefit of formula should not be used as the standard for issuance unless the mother is not breastfeeding at all. The food package quantities are to be issued based on assessment of each participant's individual breastfeeding and nutritional needs.
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Months 1-12: Breastfeeding Support and Education, Continued

When formula is indicated

When formula supplementation is indicated or the mother insists that she receive formula, WIC health professionals must:

- Encourage continued breastfeeding,
- Provide additional breastfeeding education and support as needed,
- Work with the mother to determine the minimum amount of formula needed to protect breastfeeding and meet the infant's needs,
- Explain how the infant's food package affects the mother's food package,
- Encourage powder formula because it can be mixed and fed as needed,
- Provide education about safe use of infant formula,
- Encourage mothers to call if they decide they no longer need as much formula or if they resume full breastfeeding (this will affect the mother's food package),
- Determine how many months of FIs to issue and when to schedule a return appointment.

Note: Breastfeeding mothers of infants older than 6 months of age who receive more than half of the WIC formula package are no longer eligible for a food package for themselves. Explain to these mothers that they will continue to participate in WIC as a breastfeeding mother and will receive breastfeeding support, nutrition education and referrals (as needed) until their infant's first birthday or until breastfeeding ceases (whichever happens first).

Care plans

The table below describes the care plan requirements related to formula issuance to breastfed infants.

A care plan is required when...	And must address the reason for...
Formula is issued the first time	Providing supplemental formula
The amount of formula increases	Issuing a larger food package